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February 6, 2003

FAX

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FROM

22

PAGES (WITH COVER)

4410

REFERENCE NO

33508/261850

CLIENT/MATTER NO.

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COMMENTS

The facsimile confirmation of the Patent Office imprinted hereon will acknowledge receipt of:

Applicant:

William W. Hanby et al.

Title:

METHOD AND APPARATUS FOR OBTAINING, ISSUING AND
ADMINISTERING INSURANCE COVERAGE

Serial No./Docket No.:

09/577,101

33508/261850

Filing Date

May 24, 2000

PAPERS SUBMITTED:

1. Transmittal Form PTO/SB/21
2. Fee Transmittal Form PTO/SB/17 (in duplicate)
2. Amendment and Response to First Office Action

Date: February 6, 2003

By: Cynthia R. Parks, Reg. No. 52,096

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GROUP 3600

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 18

Complete if Known

Application Number 09/577,101
Filing Date May 24, 2000
First Named Inventor William W. Hanby et al.
Examiner Name Black, Carolyn M.
Group / Art Unit 3626
Attorney Docket No. 33508/261850

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 11-0855

Deposit Account Name Kipazrick Stadon LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee			
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	180	2005	80	Provisional filing fee			
SUBTOTAL (1)							(\$ 0)

2. EXTRA CLAIM FEES

Total Claims	21	-20 **	=	1	X	Fee from below 18	=	18
Independent Claims		-3 **	=	0	X		=	0
Multiple Dependent					X		=	0

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	Reissue independent claims over original patent			
1205	18	2205	9	Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)							(\$ 18)

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or osh			
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet			
1053	130	2053	65	Non-English specification			
1812	2,520	1812	2,520	For filing a request for reexamination			
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
1251	110	2251	55	Extension for reply within first month			
1252	410	2252	205	Extension for reply within second month			
1253	630	2253	485	Extension for reply within third month			
1254	1,450	2254	725	Extension for reply within fourth month			
1255	1,970	2255	965	Extension for reply within fifth month			
1401	320	2401	160	Notice of Appeal			
1402	320	2402	160	Filing a brief in support of an appeal			
1403	280	2403	140	Request for oral hearing			
1451	1,510	1451	1,510	Petition to institute a public use proceeding			
1452	110	2452	55	Petition to revive - unworkable			
1453	1,300	2453	650	Petition to revive - unintentional			
1501	1,300	2501	650	Utility issue fee (or reissue)			
1502	470	2502	235	Design issue fee			
1503	630	2503	315	Plant issue fee			
1460	130	1460	130	Petitions to the Commissioner			
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)			
1806	180	1806	180	Submission of Information Disclosure Sheet			
8021	40	8021	40	Recording each patent assignment per property (times number of properties)			
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))			
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))			
1801	750	2801	375	Request for Continued Examination (RCE)			
1802	900	1802	900	Request for expedited examination of a design application			

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

SUBMITTED BY

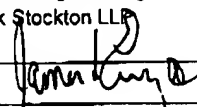
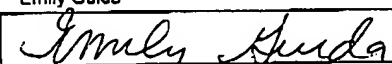
Complete (if applicable)

Name (Print/Type) James L. Ewing, IV Registration No. Attorney/Agent 30,630 Telephone 404.815.6494
Signature Date February 6, 2003

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PTO/SB/21 (08/98)
Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/577,101
		Filing Date	May 24, 2000
		First Named Inventor	William W. Hanby et al.
		Group Art Unit	3626
		Examiner Name	Bleck, Carolyn M.
Total Number of Pages in this Submission	20	Attorney Docket Number	33508/261850
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip PTO/SB/69 and Accompanying Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (Please identify below)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	OFFICIAL	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement		
	<input type="checkbox"/> Request for Refund		
Remarks			
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Firm Or Individual Name	James L. Ewing, IV, Reg. No. 30,630 Kilpatrick Stockton LLP		FAX RECEIVED
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